



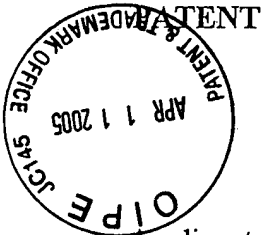
I hereby certify that on 10 January 2005, that the following was deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, this postcard acknowledges receipt of the following:

1. Transmittal Form;
2. Part B- Fee(s) Transmittal (in duplicate);
3. Response to Request for Formal Drawings;
4. Formal Drawing— Sheet 1 of 1 Figs. 1 & 2; and
5. Self-addressed itemized postcard to be returned upon receipt.

File: VAC.561 US

received
1-24-05





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JOHNSON, Royce

Serial No.: 09/544,399

Filed: April 6, 2000

Title: VACUUM ASSISTED CLOSURE PAD
WITH ADAPTATION FOR
PHOTOTHERAPY

A Art Unit: 3761

Examiner: BOGART, Michael G.

Attorney Docket No.: VAC.561.US

RESPONSE TO REQUEST FOR FORMAL DRAWINGS

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Attn: Official Draftperson

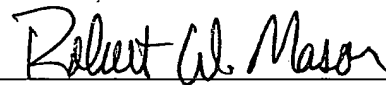
Dear Sir:

In response to the Notice of Allowability dated December 3, 2004 for the above referenced application, in which New Formal Drawings were required, according to the Notice of Draftsperson's Patent Drawing Review dated December 17, 2003, applicant hereby submits one (1) sheet (Figures 1 & 2) of Corrected Formal Drawings in compliance with the Draftsperson's requirements.

Accordingly, the Applicant respectfully requests that the above referenced application proceed to issue and publication.

The Draftsperson or Examiner is requested to contact the undersigned for any reason that would advance the application to issue and publication.

Respectfully submitted,

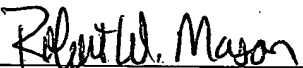


Robert W. Mason
Attorney for Applicant
Registration No. 42,848
TEL: (210) 255-6271
FAX: (210) 255-6969

Dated: 10 January 2005

Certificate of Mailing

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail, on the date indicated below and is addressed to: Mail Stop Issue Fee, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By: 
Typed Name: Robert W. Mason
Registration No.: 42,848

Date of Deposit: 10 January 2005



**AUTHORIZATION TO PAY AND PETITION
FOR THE ACCEPTANCE OF ANY NECESSARY FEES**

If any charges or fees must be paid in connection with the foregoing communication (including but not limited to the payment of an extension fee or issue fees), or if any overpayment is to be refunded in connection with the above-identified application, any such charges or fee, or any such overpayment may be respectively paid out of, or into, the Deposit Account No. 500326 of Kinetic Concepts, Inc. If any such payment also requires a Petition or Extension Request, please construe this authorization to pay as the necessary Petition or request which is required to accompany the payment.

Dated: 10 January 2005

Respectfully submitted,

KINETIC CONCEPTS, INC.

By Robert W. Mason

Robert W. Mason
Attorney for Applicant
Registration No. 42,848

KINETIC CONCEPTS, INC.
P.O. Box 659508
San Antonio, TX 78265-9508

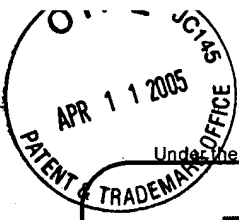
Telephone: 210-255-4543
Facsimile: 210-255-4440

Certificate of Mailing

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail, on the date indicated below and is addressed to: Mail Stop Issue Fee, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By: Robert W. Mason
Typed Name: Robert W. Mason
Registration No.: 42,848

Date of Deposit: 10 January 2005



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/544,399
Filing Date	04/06/2000
First Named Inventor	Johnson, Royce
Art Unit	3761
Examiner Name	Bogart, Michael G.
Attorney Docket Number	VAC.561.US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below): |
|---|--|--|
- Remarks
Request for Continued Examination Transmittal
Request for Continued Examination Amendment and Remarks
Copy of Response, Formal Drawings, and Postcard submitted 01/10/2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kinetic Concepts, Inc.		
Signature			
Printed name	Robert W. Mason		
Date	04/07/05	Reg. No.	42,848

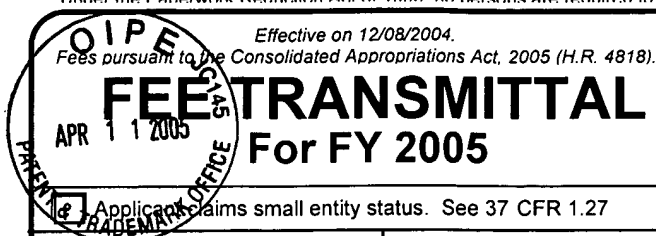
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Robert W. Mason	Date	04/07/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Complete if Known**

Application Number	09/544,399
Filing Date	04/06/2000
First Named Inventor	JOHNSON, Royce
Examiner Name	BOGART, Michael G.
Art Unit	3761
Attorney Docket No.	VAC.561.US

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 500326 Deposit Account Name: Kinetic Concepts, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE (\$790.00) IDS (\$180.00) 970.00

SUBMITTED BY

Signature	<u>Robert W. Mason</u>	Registration No. (Attorney/Agent) 42,848	Telephone 210 255 6271
Name (Print/Type)	Robert W. Mason	Date 04/07/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.